U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 78912	2. Fiscal Year Covered From:			
	1 / 1 / 0.5 Through: [2] / [3] / 0.5			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ENRIQUE L FERNANDEZ	Name UNITE HERE LOCAL 19			
	Labor Organization File Number 507 - 55			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2302 ZANKER Rd 2nd Fbo-	Street 2302 ZANKER Rd 2nd Floor			
City SAN JOSE CA	City SAN 20SE			
State CA ZIP Code + 4 (95) 31	State CA ZIP Code + 4 95131			
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the excl A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
T. S. Dox, Steg., Rediffice, It ally	7.b. Amount.			
Street				
City	gen a man an de dies deur desiglade jeden deur des verde aus det deurstage des de de de de de deurs de verde			
State ZIP Code + 4	Ben a plantile - relativate description across relation consequence par an angle y administration follows No.17			
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Signed	on 5-1-06 408/321-9019			
	Date Telephone Number			
Form I M-30 (2003)				

Name of Person Filling ENGIQUE L. FERNAM	10FJ	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name SOUTH BAT HEAR TOWST FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 34203 Street City SEATLE State WA ZIP Code + 4 98124-1203	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such deal	EE				
State ZIP Code + 4	Reimburs For meet	ed expenses y otherdner				
	12.b. Amount.	#537 些				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Trade Name, if any:		1				
P.O. Box, 8ldg., Room No., if any Street						
City						
State ZIP Gode + 4						

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filling ENPAQUE L. FERNANDE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ety seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HOTEL ENPLOYERS, RESTAURANT CHAOTEES	a. Labor Organization
Trade Name, if any: HEALTH TWST	a. Labor Organization
P.O. Box, Bldg., Room No., if any ROBOX 34203	c. Employer
Street	Erand "
City SEATTLE	
State WA ZIP Code + 4 98124-1203	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	TWSTEE
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Reimbursed expenses
	Reimbursed expenses for meeting obtaindonce
	12.b. Amount. 4407 35
C. Received from any employer (other than an employer covered under	and A and B above)
or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	; ;
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Name of Person Filing ENRIQUE L. FERNA	ND ET File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HOTEL ENPLOYER, RESTMANT ENROTEES Trade Name, if any: HEALTH TOWST	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Po Box 34203 Street	c. Employer
City SEATILE State WA ZIP Code + 4 98124 - 1203	
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nation of Such dealing.
Name	TWISTER
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
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City	12.a. Nature of interest held or income received.
State ZIP Gode + 4	Reimbursed expenses For meeting offendance
	For meeting offendance
	12.b. Amount. \$14513
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Corisultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

State

City

Name of Person Filing ENRIQUE L. FERNANDE	}	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Hore Englorers (RESTANDET EMPLOYEES Trade Name, if any: NEALTH TRUST P.O. Box, Bldg., Room No., if any PO Box 34203 Street City SEATLE State WA ZIP Code + 4 98124-1203	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Trustee				
Street	11.b. Approximate dollar val	ue of such dealing.			
City	12.a. Nature of interest he				
State ZIP Code + 4	Reimbursed For meeting	eppenses attendered	And the state of t		
	12.b. Amount.		#8II ²³		
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,		-		
Name			1		
Trade Name, if any:	A C.				
P.O. Box, Bldg., Room No., if any					
Street	1		1		
City	:				
State ZIP Code + 4	b	· ·	w = wasa. •		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		SECTION VIA TANK OF P		
13.b. Is the Business an Employer or Consultant?					